



ACC: Access KP Payment Reform Initiative

March 2016

Background

The ACC: Access KP is a new payment reform initiative within Colorado's Accountable Care Collaborative (ACC). The initiative is a limited benefit, capitated primary care model designed to pilot an alternative to the current fee for service payment mechanism.

When will the initiative begin?

Enrollees will receive a letter indicating they will be enrolled into ACC: Access KP in June 2016. The effective date and first day that Access KP will be responsible for services is July 1, 2016.

Enrollment

Who will be enrolled in the initiative?

All ACC Region 3 (Adams, Arapahoe, and Douglas County) Medicaid clients who are attributed to Kaiser Permanente (KP) as their Primary Care Medical Provider (PCMP) as of May 1, 2016, will be passively enrolled into the new ACC: Access KP initiative. The initial enrollment is estimated to be about 28,000 Medicaid clients.

After the initiative is implemented, clients who live in ACC Region 3 and meet the eligibility criteria may call HealthColorado at 303-839-2120 and ask to be enrolled in ACC: Access KP. Clients who are located outside this service area will not be eligible for ACC: Access KP.

ACC: Medicare Medicaid Program (ACC: MMP) clients will not be enrolled in ACC: Access KP but will be able to select Kaiser Permanente as a PCMP.

Clients who have health coverage in addition to Medicaid (i.e. Medicare, commercial insurance) will not be enrolled into the program.



Will Kaiser Permanente still be available as a PCMP for clients in Region 3?

No, ACC clients in the service area will no longer be able to select Kaiser Permanente as their PCMP. As stated above, ACC: MMP clients will not be enrolled in ACC: Access KP but will be able to select KP as their PCMP.

How will clients know if they are enrolled in ACC: Access KP and can they opt-out?

Clients who are enrolled in ACC: Access KP will receive a notification letter at least 30 days prior to the start of the initiative. After enrollment, clients will have 90 days to disenroll for any reason. After 90 days, the client must wait until their open enrollment period to change. Clients may change their health plan once a year.

Initiative Benefits**Will clients still receive the same Medicaid benefits?**

ACC: Access KP clients will receive the same benefits as regular Medicaid. However, clients may receive additional supports and services offered as part of the initiative. Clients must use providers in the ACC: Access KP network for most services. For additional information on ACC: Access KP benefits, please call Colorado Access at (xxx) xxx-xxxx.

Will clients need a referral to see a specialist?

Yes, clients will need a referral from their ACC: Access KP primary care provider for specialist services covered under the initiative.

Initiative and Providers**Will this have an impact on provider billing?**

Yes. Depending on the services being provided to the client, providers outside of the Kaiser Permanente network will have to bill either the Department of Health Care Policy and Financing or Kaiser Permanente. The Department will publish additional guidance on billing as soon as possible.



How will providers identify clients enrolled in ACC: Access KP?

Clients enrolled in ACC: Access KP will have a Kaiser Permanente member ID card and a unique identification within the provider portal. The Department will publish additional guidance regarding identifying and serving ACC: Access-Kaiser clients as soon as possible. The screen shot below is what the providers will see[screen shot will be provided as soon as possible]

Please note: This program is dependent upon the renewal of legislation authorizing Medicaid payment reform pilots in Colorado. In the event the legislation is allowed to sunset, the Department will not have the resources to continue the pilot.

For more information contact

Matthew Lanphier
matthew.lanphier@state.co.us

